

REQUEST FOR GROWING SEASON INSPECTION

(See instructions on reverse side)

PLEASE TYPE or PRINT THIS FORM AND RETURN IT TO:

Kansas Department of Agriculture
Plant Protection & Weed Control Program
1320 Research Park Drive
Manhattan, KS 66502

Telephone: 785-564-6698

FAX: 785-564-6779

APPLICANT NAME:

ADDRESS:

TELEPHONE:

FAX:

CONTACT PERSON:

LOCATION OF GROWING COMMODITY: (List Counties, Legal Descriptions, Directions to Fields, Attach Maps)

DESTINATION COUNTRY OR STATE: (If known)

COMMON NAME OF COMMODITY:

APPROXIMATE ACREAGE TO BE INSPECTED:

DATE THE INSPECTION NEEDS TO BE COMPLETED BY:

Fee Charges: An inspection fee of \$30 per inspector-hour along with mileage will be charged for this inspection.

This application must be received in Topeka sixty (60) days prior to harvest.

Signature of Applicant

Date

(For Official Use Only)

DATE REQUEST RECEIVED:

REQUEST ROUTED TO:

Instructions for completing a Request for Growing Season Inspection

PLEASE DO NOT USE ABBREVIATIONS

1. **APPLICANT NAME & ADDRESS.** Include the company name, address, telephone number, FAX number, and contact person.
2. **LOCATION OF COMMODITY.** Indicate the location of the commodity to be inspected. Legal descriptions, directions to the fields, and maps are helpful. Further determination of the location of the growing field can be provided to the inspector when arranging for the inspection.
3. **DESTINATION.** If the destination of the commodity is known, please indicate this on the form.
4. **COMMON NAME OF COMMODITY.**
5. **APPROXIMATE ACREAGE TO BE INSPECTED.** Indicate the approximate acreage that is to be inspected.
6. **FEE CHARGES.** Inspections that take less than 1 hour to complete will be charged the minimal charge of 1 hour. Inspections exceeding a full hour, will be charged for all full hours along with the closest quarter hour. If multiple inspectors are required for the inspection, a \$30 per hour fee will be charged for each hour that is worked per inspector. The combined mileage of all inspectors will be charged to the client, at the inspectors individual mileage rates.
7. **DATE THE INSPECTION NEEDS TO COMPLETED BY.** Indicate the approximate date that the inspection needs to be completed by.
8. **APPLICATION REQUESTED 60 DAYS PRIOR TO HARVEST.** Requesting the inspection 60 days prior to harvest helps us schedule staff for your growing season inspection. Inspection requests will be received for periods that are less than 60 days prior to harvest, but the inspection service will only be provided if staff is available.
9. **SIGNATURE.** The person requesting the inspection should sign and date the request.

This request form may be returned through the mail or by FAX to this office. Upon receipt of each request, the appropriate staff person will be contacted to arrange for the inspection.

It is essential that this request be returned to our office at least 60 days prior to harvest so that the inspections can be scheduled in advance of harvest operations.

Please feel free to contact this office if questions arise.